

TOWN OF NEW HARTFORD POLICE DEPARTMENT
8635 CLINTON STREET
NEW HARTFORD, N.Y. 13413

APPLICATION FOR TOW TRUCK ROTATION LIST

Name of Firm or Business:

A. Storage area as required for towed vehicles

___1.) Garage

___2.) Fenced area

(give dimensions and height of fenced area)

B. Availability 24 hours daily? ___Yes ___No

List any emergency phone numbers and persons to contact:

- 1.
- 2.
- 3.
- 4.
- 5.

C. Place of business or office in the Town of New Hartford? ___Yes ___No

Address of business in Town of New Hartford

D. Do all of your vehicles and equipment meet all requirements of New York State Law? ___Yes ___No

E. Will your tow operator clear or remove glass or other injurious substances dropped upon the highway from a towed vehicle? ___Yes ___No

F. Does your vehicle insurance consist of a minimum of \$100,000.00 for bodily injury for each person? ___Yes ___No

\$300,000.00 for bodily injury per occurrence? ___Yes ___No

\$50,000.00 for property damage per occurrence? ___Yes ___No

Insurance Agent: _____

Address: _____

Insurance Company: _____

Policy Number: _____

G. Will your tow truck operators keep a logbook listing the date and time the vehicle was picked up, the location from where the vehicle was towed, the make, model, and color of the vehicle and the license number of the vehicle?
___ Yes ___ No

Will you allow this book to be inspected by a Police Officer? ___ Yes ___ No

H. Will your tow service notify the Town of New Hartford Police Department of any vehicle that is left unclaimed for more than 48 hours? ___ Yes ___ No

I. Will your tow service and operators agree to indemnify and hold harmless the Town of New Hartford from any claims or liabilities which occur as a result of performing towing or wrecker service at the request of the Town of New Hartford Police Department? ___ Yes ___ No

Will your tow service comply with the rules and requirements of the New Hartford Towing Ordinance as provided in the Town Code, Chapter 107A? ___ Yes ___ No

Will you allow the Chief of Police to check and confirm and portion of this application? ___ Yes ___ No

I DO HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Owner of tow service (applicant)

(please print)

Signature

Date

Subscribed and sworn to before me this
day of _____ 20____.

Notary Public—Appointed in Oneida County
N.Y. My Commission expires

*DEPARTMENT USE ONLY

*Application Reviewed by:

*_____ Date:

*Approved _____ Denied